

<i>SERFF Tracking Number:</i>	<i>REGU-125680478</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Federal Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>08-GL-4-F</i>		
<i>TOI:</i>	<i>17.0 Other Liability - Claims Made/Occurrence</i>	<i>Sub-TOI:</i>	<i>17.0000 Other Liability Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>Other Liability Independent Forms Filing Risk Purchasing Groups</i>		
<i>Project Name/Number:</i>	<i>/08-GL-4-F</i>		

Filing at a Glance

Company: Federal Insurance Company		
Product Name: Other Liability – Independent Forms Filing Risk Purchasing Groups	SERFF Tr Num: REGU-125680478 State: Arkansas	
TOI: 17.0 Other Liability - Claims Made/Occurrence	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 17.0000 Other Liability Sub-TOI Combinations	Co Tr Num: 08-GL-4-F	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Edith Roberts
	Author: Joanne Sullivan	Disposition Date: 06/12/2008
	Date Submitted: 06/04/2008	Disposition Status: Approved
Effective Date Requested (New): 07/01/2008		Effective Date (New):
Effective Date Requested (Renewal): 07/01/2008		Effective Date (Renewal):
State Filing Description:		

General Information

Project Name:	Status of Filing in Domicile: Pending
Project Number: 08-GL-4-F	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 06/12/2008	
State Status Changed: 06/12/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
Federal Insurance Company (FIC), a member of the Chubb Group of Insurance Companies, is filing several independent “Other Liability” endorsements to be used with Risk Purchasing Groups (RPGs) that are administered by designated program managers.	

The Chubb Group underwrites several RPG's through various program managers. This filing introduces various

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<i>Product Name:</i>	<i>Other Liability Independent Forms Filing Risk Purchasing Groups</i>		
<i>Project Name/Number:</i>	<i>/08-GL-4-F</i>		

independent endorsements that will help to simplify the RPG reporting methodologies and liberalize some of the coverage features associated with the RPG's.

These endorsements will attach automatically to all RPG master policies administered by Chubb program managers, in the manner described above. These forms are described in greater detail in the attached Explanatory Memorandum.

A fee in the amount of \$50.00 to cover the required filing fee is being submitted. We ask that this filing become effective for all policies effective on or after July 1, 2008.

Company and Contact

Filing Contact Information

(This filing was made by a third party - insuranceregulatoryconsultantsllc)
 Joanne Sullivan, joannesullivan@ircllc.com
 50 Broad Street (212) 571-3989 [Phone]
 New York, NY 10004

Filing Company Information

Federal Insurance Company	CoCode: 20281	State of Domicile: Indiana
15 Mountain View Road	Group Code: 38	Company Type: Property & Casualty
P.O. Box 1615		
Warren, NJ 07061-1615	Group Name:	State ID Number:
(908) 903-3700 ext. [Phone]	FEIN Number: 13-1963496	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	AR fee is \$50.00 per filing
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
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SERFF Tracking Number: *REGU-125680478* *State:* *Arkansas*
Filing Company: *Federal Insurance Company* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *08-GL-4-F*
TOI: *17.0 Other Liability - Claims Made/Occurrence* *Sub-TOI:* *17.0000 Other Liability Sub-TOI Combinations*
Product Name: *Other Liability Independent Forms Filing Risk Purchasing Groups*
Project Name/Number: */08-GL-4-F*

Federal Insurance Company \$50.00 06/04/2008 20657023

SERFF Tracking Number:	REGU-125680478	State:	Arkansas
Filing Company:	Federal Insurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	08-GL-4-F		
TOI:	17.0 Other Liability - Claims Made/Occurrence	Sub-TOI:	17.0000 Other Liability Sub-TOI Combinations
Product Name:	Other Liability Independent Forms Filing Risk Purchasing Groups		
Project Name/Number:	/08-GL-4-F		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	06/12/2008	06/12/2008

SERFF Tracking Number: *REGU-125680478* *State:* *Arkansas*
Filing Company: *Federal Insurance Company* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *08-GL-4-F*
TOI: *17.0 Other Liability - Claims Made/Occurrence* *Sub-TOI:* *17.0000 Other Liability Sub-TOI Combinations*
Product Name: *Other Liability Independent Forms Filing Risk Purchasing Groups*
Project Name/Number: */08-GL-4-F*

Disposition

Disposition Date: 06/12/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: REGU-125680478 State: Arkansas
Filing Company: Federal Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: 08-GL-4-F
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0000 Other Liability Sub-TOI Combinations
Product Name: Other Liability Independent Forms Filing Risk Purchasing Groups
Project Name/Number: /08-GL-4-F

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Filing Memo	Approved	Yes
Supporting Document	Auth Letter	Approved	Yes
Form	General Liability Insurance - Risk Purchasing Groups- Program Manager Endorsement	Approved	Yes
Form	General Liability Insurance - Acknowledgement Of Bordereau Endorsement	Approved	Yes
Form	Commercial Umbrella Insurance - Risk Purchasing Groups- Program Manager Endorsement	Approved	Yes
Form	Commercial Umbrella Insurance - Acknowledgement Of Bordereau Endorsement	Approved	Yes
Form	Commercial Excess Liability - Risk Purchasing Groups - Program Manager Endorsement	Approved	Yes
Form	Commercial Excess Liability - Acknowledgement Of Bordereau Endorsement	Approved	Yes
Form	Commercial Excess Liability - Exclusion - Special Auto Dealer Risks Endorsement	Approved	Yes

SERFF Tracking Number: REGU-125680478 State: Arkansas

Filing Company: Federal Insurance Company State Tracking Number: EFT \$50

Company Tracking Number: 08-GL-4-F

TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0000 Other Liability Sub-TOI Combinations

Product Name: Other Liability Independent Forms Filing Risk Purchasing Groups

Project Name/Number: /08-GL-4-F

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	General Liability Insurance - Risk Purchasing Groups- Program Manager Endorsement	10-02-1866	11-07	Endorsement/Amendment/Conditions		0.00	10-02-1866 11-07 RPG - GL.pdf
Approved	General Liability Insurance - Acknowledgement Of Bordereau Endorsement	10-02-1867	11-07	Endorsement/Amendment/Conditions		0.00	10-02-1867 11-07 RPG - GL Bord Ackn.pdf
Approved	Commercial Umbrella Insurance - Risk Purchasing Groups- Program Manager Endorsement	10-02-1868	11-07	Endorsement/Amendment/Conditions		0.00	10-02-1868 11-07 RPG - Umbrella.pdf
Approved	Commercial Umbrella Insurance - Acknowledgement Of Bordereau Endorsement	10-02-1869	11-07	Endorsement/Amendment/Conditions		0.00	10-02-1869 11-07 RPG - Umbrella Bord Ackn.pdf
Approved	Commercial Excess Liability - Risk Purchasing Groups - Program Manager Endorsement	10-02-1870	11-07	Endorsement/Amendment/Conditions		0.00	10-02-1870 11-07 RPG - XS.pdf
Approved	Commercial Excess Liability -	10-02-1871	11-07	Endorsement/Amendment		0.00	10-02-1871 11-07 RPG -

SERFF Tracking Number: REGU-125680478 State: Arkansas
 Filing Company: Federal Insurance Company State Tracking Number: EFT \$50
 Company Tracking Number: 08-GL-4-F
 TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0000 Other Liability Sub-TOI Combinations
 Product Name: Other Liability Independent Forms Filing Risk Purchasing Groups
 Project Name/Number: /08-GL-4-F

	Acknowledgement Of Bordereau Endorsement		ent/Conditions			XS Bord Ackn.pdf
Approved	Commercial Excess Liability - 2001 Exclusion - Special Auto Dealer Risks Endorsement	10-02- 5-08	Endorsement/New Amendment/Conditions		0.00	10-02-2001 McGowan Auto Dealers XS.pdf

Endorsement

<i>Policy Period</i>	!!!!!!!!!!!!!!!!!!!!!!	<i>To</i>	!!!!!!!!!!!!!!!!!!!!!!
<i>Effective Date</i>	!!!!!!!!!!!!!!!!!!!!!!		
<i>Policy Number</i>	!!!!!!!!!!!!!!!!!!!!!!		
<i>Insured</i>	!! !!		
<i>Name of Company</i>	!!		
<i>Date Issued</i>	!!!!!!!!!!!!!!!!!!!!!!		

Number Of Days Notice Of Cancellation:

Under Coverages, the following is added:

Coverages

Certificates Of Coverage This insurance only applies to liability arising out of the operation(s) of the location(s) added or deleted on the Schedule of Locations of an individual Certificate of Coverage issued by the risk purchasing group shown in the Declarations as the first named **insured** during the policy period.

Under Who Is An Insured, Subsidiary Or Newly Acquired Or Formed Organizations is deleted and replaced by the following:

Who Is An Insured

Subsidiary Or Newly Acquired Or Formed If there is no other insurance available, the following organizations will qualify as named insureds:

- a subsidiary organization of a named **insured** listed on a Certificate of Coverage of which, at the beginning of the policy period and at the time of loss, such named **insured** controls, either directly or indirectly, more than fifty (50) percent of the interests entitled to vote generally in the election of the governing body of such organization; or
- a subsidiary organization of a named **insured** listed on a Certificate of Coverage that such named **insured** acquires or forms during the policy period, if at the time of loss, such named **insured** controls, either directly or indirectly, more than fifty (50) percent of the interests entitled to vote generally in the election of the governing body of such organization.

Under Who Is An Insured, the following is added:

Who Is An Insured

Risk Purchasing Group Members

It is hereby agreed that those entities or group of related entities designated as members of the risk purchasing group that is the first named **insured** in this policy on the individual member's Certificate of Coverage are included as named **insureds** under this policy.

This insurance only applies to liability arising out of the operation(s) at the specified locations scheduled on the individual member's Certificate of Coverage, but only as respects:

- the specific named **insureds** listed on that Certificate of Coverage and designated as the owner(s), manager(s), or lessee(s) of those specified locations; and
- the coverages shown on that Certificate of Coverage, subject to the terms and conditions of this insurance.

Under Conditions, Separation Of Insureds is deleted and replaced with the following:

Conditions

Separation Of Insureds

Except with respect to any rights or duties specifically assigned in this insurance to the first named **insured**, this insurance applies as if all named **insureds** listed on each individual member's Certificate of Coverage submitted during the policy period were the only named **insureds** under the policy.

However, regarding the Limits of Insurance afforded by this policy, separate Limits of Insurance shown in each individual member's Certificate of Coverage:

- apply to all the named **insureds** listed on such Certificate of Coverage; and
- are the most we will pay regardless of the number of named **insureds** listed on such Certificate of Coverage.

Under Conditions, the following is added:

Conditions

Coverage Term

It is agreed that those named **insureds** listed in an individual Certificate of Coverage issued by the risk purchasing group during the policy period are provided coverage for the time period specified in such Certificate of Coverage, not to exceed twelve months.

All additions and deletions made for a named **insured** will be subject to the expiration date designated in the Individual Certificate of Coverage for that named **insured**.

Under Common Policy Conditions, Cancellation is deleted and replaced by the following:

Endorsement

Policy Number !!!!!!!!!!!!!!!!!!!!

Common Policy Conditions

Cancellation

Authorized Representative

Endorsement

Date Issued !!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!

Additional Premium: \$

Who Is An Insured

Authorized Representative

Endorsement

<i>Policy Period</i>	!!!!!!!!!!!!!!!!!!!!!!	<i>To</i>	!!!!!!!!!!!!!!!!!!!!!!
<i>Effective Date</i>	!!!!!!!!!!!!!!!!!!!!!!		
<i>Policy Number</i>	!!!!!!!!!!!!!!!!!!!!!!		
<i>Insured</i>	!! !!		
<i>Name of Company</i>	!!		
<i>Date Issued</i>	!!!!!!!!!!!!!!!!!!!!!!		

Number Of Days Notice Of Cancellation:

**Coverage/Excess
Follow Form
Coverage A**

**Coverage/Umbrella
Coverage B**

Certificates Of Coverage Coverage/Excess Follow-Form Coverage A and Coverage/Umbrella Coverage B only apply to liability arising out of the operation(s) of the location(s) added or deleted on the Schedule of Locations of an individual Certificate of Coverage issued by the risk purchasing group shown in the Declarations as the first named **insured** during the policy period.

Under Who Is An Insured/Umbrella Coverage B, Subsidiary Or Newly Acquired Or Formed Organizations is deleted and replaced by the following:

Who Is An Insured/ Umbrella Coverage B

Subsidiary Or Newly Acquired Or Formed Organizations

If there is no other insurance available, the following organizations will qualify as named **insureds**:

- a subsidiary organization of a named **insured** listed on a Certificate of Coverage of which, at the beginning of the policy period and at the time of loss, such named **insured** controls, either directly or indirectly, more than fifty (50) percent of the interests entitled to vote generally in the election of the governing body of such organization; or
- a subsidiary organization of a named **insured** listed on a Certificate of Coverage that such named **insured** acquires or forms during the policy period, if at the time of loss, such named **insured** controls, either directly or indirectly, more than fifty (50) percent of the interests entitled to vote generally in the election of the governing body of such organization.

Under Who Is An Insured/Excess Follow-Form Coverage A and Who Is An Insured/Umbrella Coverage B, the following is added:

Who Is An Insured/ Excess Follow Form Coverage A

Who Is An Insured/ Umbrella Coverage B

Risk Purchasing Group Members

It is hereby agreed that those entities or group of related entities designated as members of the risk purchasing group that is the first named **insured** in this policy on the individual member's Certificate of Coverage are included as named **insureds** under this policy.

Coverage/Excess Follow-Form Coverage A and Coverage/Umbrella Coverage B only apply to liability arising out of the operation(s) at the specified locations scheduled on the individual member's Certificate of Coverage, but only as respects:

- the specific named **insureds** listed on that Certificate of Coverage and designated as the owner(s), manager(s), or lessee(s) of those specified locations; and
- the coverages shown on that Certificate of Coverage, subject to the terms and conditions of this insurance.

Under Conditions, Cancellation and Separation Of Insureds are deleted and replaced by the following:

Endorsement

Effective Date !!!!!!!!!!!!!!!

Policy Number !!!!!!!!!!!!!!!

Conditions

Cancellation

We may cancel this policy or any of its individual coverages at any time by sending to the first named **insured** a notice:

- sixty (60) days, unless a greater number of days is shown in the Schedule above; or
- twenty (20) days in the event of non-payment of premium.

Unless prevented by law, this Cancellation condition limits our right to cancel this insurance. In addition, if other cancellation provisions contained in this policy, including any endorsements attached to it, further restrict our right to cancel, such more restrictive provisions will supersede any conflicting provisions of this condition.

The earned premium will be computed on a pro rata basis. Any unearned premium will be returned as soon as practicable.

Conditions

Separation Of Insureds

Except with respect to any rights or duties specifically assigned in this insurance to the first named **insured**, this insurance applies as if all named **insureds** listed on each individual member's Certificate of Coverage submitted during the policy period were the only named **insureds** under the policy.

However, regarding the Limits of Insurance afforded by this policy, separate Limits of Insurance shown in each individual member's Certificate of Coverage:

- apply to all the named **insureds** listed on such Certificate of Coverage; and
- are the most we will pay regardless of the number of named **insureds** listed on such Certificate of Coverage.

Under Conditions, the following is added:

Conditions

Coverage Term

It is agreed that those named **insureds** listed in an individual Certificate of Coverage issued by the risk purchasing group during the policy period are provided coverage for the time period specified in such Certificate of Coverage, not to exceed twelve months..

All additions and deletions made for a named **insured** will be subject to the expiration date designated in the Individual Certificate of Coverage for that named **insured**.

All other terms and conditions remain unchanged.

Authorized Representative

Endorsement

<i>Policy Period</i>	!!!!!!!!!!!!!!!!!!!!!!	<i>To</i>	!!!!!!!!!!!!!!!!!!!!!!
<i>Effective Date</i>	!!!!!!!!!!!!!!!!!!!!!!		
<i>Policy Number</i>	!!!!!!!!!!!!!!!!!!!!!!		
<i>Insured</i>	!! !!		
<i>Name of Company</i>	!!		
<i>Date Issued</i>	!!!!!!!!!!!!!!!!!!!!!!		

Bordereau Period:

Additional Premium: \$

Under Who Is An Insured/Excess Follow-Form Coverage A and Who Is An Insured/Umbrella Coverage B, the following is added:

Who Is An Insured/ Excess Follow-Form Coverage A

Who Is An Insured/ Umbrella Coverage B

Bordereau Changes

In consideration of the additional premium shown in the Schedule above, those entities shown as insureds on the individual members' Certificates of Coverage reported to us for the Bordereau Period shown in the Schedule above are added or deleted, as indicated on those individual members' Certificates of Coverage, as named **insureds** under this policy.

All other terms and conditions remain unchanged.

Authorized Representative

Conditions

Cancellation

The first named **insured** may cancel this policy at any time by sending us a written request or by returning the policy and stating when thereafter cancellation is to take effect.

We may cancel this policy at any time by sending to the first named **insured** a notice:

- sixty (60) days, unless a greater number of days is shown in the Schedule above; or
- twenty (20) days in the event of non-payment of premium,

in advance of the cancellation date. Our notice of cancellation will be mailed to the first named **insured's** last known address and will indicate the date on which coverage is terminated. If notice of cancellation is mailed, proof of mailing will be sufficient proof of notice. Notice to individual members of the risk purchasing group shall be provided in accordance with the laws of the member's state of domicile as shown in the Certificates of Coverage.

Unless prevented by law, this Cancellation condition limits our right to cancel this insurance. In addition, if other cancellation provisions contained in this policy, including any endorsements attached to it, further restrict our right to cancel, such more restrictive provisions will supersede any conflicting provisions of this condition.

The earned premium will be computed on a pro rata basis. Any unearned premium will be returned as soon as practicable.

Under Conditions, the following are added:

Conditions

Coverage Term

It is agreed that those named **insureds** listed in an individual Certificate of Coverage issued by the risk purchasing group during the policy period are provided coverage for the time period specified in such Certificate of Coverage, not to exceed twelve months.

All additions and deletions made for a named **insured** will be subject to the expiration date designated in the Individual Certificate of Coverage for that named **insured**.

Separation Of Insureds

Except with respect to any rights or duties specifically assigned in this insurance to the first named **insured**, this insurance applies as if all named **insureds** listed on each individual member's Certificate of Coverage submitted during the policy period were the only named **insureds** under the policy.

However, regarding the Limits of Insurance afforded by this policy, separate Limits of Insurance shown in each individual member's Certificate of Coverage:

- apply to all the named **insureds** listed on such Certificate of Coverage; and
- are the most we will pay regardless of the number of named **insureds** listed on such Certificate of Coverage.

Endorsement

Date Issued !!!!!!!!!!!!!!!

Exclusions

Authorized Representative

<i>SERFF Tracking Number:</i>	<i>REGU-125680478</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Federal Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>08-GL-4-F</i>		
<i>TOI:</i>	<i>17.0 Other Liability - Claims Made/Occurrence</i>	<i>Sub-TOI:</i>	<i>17.0000 Other Liability Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>Other Liability Independent Forms Filing Risk Purchasing Groups</i>		
<i>Project Name/Number:</i>	<i>/08-GL-4-F</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: REGU-125680478 State: Arkansas
Filing Company: Federal Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: 08-GL-4-F
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0000 Other Liability Sub-TOI Combinations
Product Name: Other Liability Independent Forms Filing Risk Purchasing Groups
Project Name/Number: /08-GL-4-F

Supporting Document Schedules

		Review Status:	
Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Approved	06/12/2008

Comments:

Attachment:

AR NAIC.pdf

		Review Status:	
Satisfied -Name:	Filing Memo	Approved	06/12/2008

Comments:

Attachment:

Filing Explanatory Memorandum.pdf


		Review Status:	
Satisfied -Name:	Auth Letter	Approved	06/12/2008

Comments:

Attachment:

Filing Authorization.pdf

FORM UT Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <div style="display: flex; justify-content: space-between;"> New Business </div> <div style="display: flex; justify-content: space-between;"> Renewal Business </div> f. State Filing #: g. SERFF Filing #: h. Subject Codes		
3. Group Name Group NAIC # The Chubb Group of Insurance Companies 0038			
4. Company Name(s) Federal Insurance Company	Domicile IN	NAIC # 20281	FEIN # 13-1963496
5. Company Tracking Number 08-GL-4-F			
Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]			
6. Name and address Joanne Sullivan Insurance Regulatory Consultants 50 Broad Street, Suite 501 New York, NY 10004	Title Analyst	Telephone #s (212) 571-3989	FAX # (212) 571-2502
		e-mail joannesullivan@ircnyc.com	
7. Signature of authorized filer 			
8. Please print name of authorized filer Joanne Sullivan			
Filing information (see General Instructions for descriptions of these fields)			
9. Type of Insurance (TOI)	17.0 Other Liability		
10. Sub-Type of Insurance (Sub-TOI)	17.0000 Other Liability Sub-TOI Combinations		
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	N/A		
12. Company Program Title (Marketing title)	Independent Forms		
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other		
14. Effective Date(s) Requested	New: July 1, 2008 Renewal:		
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
16. Reference Organization (if applicable)	N/A		
17. Reference Organization # & Title	N/A		
18. Company's Date of Filing	June 4, 2008		
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved		

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #	08-GL-4-F
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21. Filing Description [This area should be similar to the body of a cover letter and is free-form text]

Federal Insurance Company (FIC), a member of the Chubb Group of Insurance Companies, is filing several independent "Other Liability" endorsements to be used with Risk Purchasing Groups (RPGs) that are administered by designated program managers.

The Chubb Group underwrites several RPG's through various program managers. This filing introduces various independent endorsements that will help to simplify the RPG reporting methodologies and liberalize some of the coverage features associated with the RPG's.

These endorsements will attach automatically to all RPG master policies administered by Chubb program managers, in the manner described above. These forms are described in greater detail in the attached Explanatory Memorandum.

22. Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]

Check #: EFT
Amount: \$50

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)

(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #		08-GL-4-F		
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)		N/A		
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	General Liability Insurance - Risk Purchasing Groups- Program Manager Endorsement	10-02-1866 (Ed. 11-07)	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
02	General Liability Insurance - Acknowledgement Of Bordereau Endorsement	10-02-1867 (Ed. 11-07)	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
03	Commercial Umbrella Insurance - Risk Purchasing Groups- Program Manager Endorsement	10-02-1868 (Ed. 11-07)	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
04	Commercial Umbrella Insurance - Acknowledgement Of Bordereau Endorsement	10-02-1869 (Ed. 11-07)	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
05	Commercial Excess Liability - Risk Purchasing Groups - Program Manager Endorsement	10-02-1870 (Ed. 11-07)	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
06	Commercial Excess Liability - Acknowledgement Of Bordereau Endorsement	10-02-1871 (Ed. 11-07)	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
07	Commercial Excess Liability - Exclusion - Special Auto Dealer Risks Endorsement	10-02-2001 (Ed. 5-08)	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
08			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
09			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
10			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		

EXPLANATORY MEMORANDUM

RISK PURCHASING GROUP ENDORSEMENTS FOR GROUPS ADMINISTERED BY PROGRAM MANAGERS

We are filing a small number of “Other Liability” endorsements to be used with Risk Purchasing Groups (RPGs) that are administered by designated program managers.

The Chubb Group underwrites several RPGs through program managers who have subjected themselves a high degree of scrutiny by the company and executed special agreements authorizing them to place business on the company’s behalf in accordance with pre-defined underwriting criteria, maintenance of certain best practices in their operations, and agreement to periodic audits by company personnel. These agreements facilitate the placement of business in large groups, while preserving the interests of the parties. By virtue of the considerable pre-qualification associated with these procedures, Chubb is content to simplify the RPG reporting methodologies and liberalize some of the coverage features associated with RPGs administered in this fashion.

The attached endorsements reflect a combination of two endorsements applicable to each of the following types of policies:

- Commercial General Liability
- Commercial Umbrella
- Commercial Excess Liability

Each combination consists of two elements, (1) an endorsement titled Risk Purchasing Groups – Program Manager issued at policy inception, and (2) another endorsement called Acknowledgement Of Bordereau issued midterm upon receipt of program manager bordereau reports reflecting the changes so reported during each reporting period.

Each Risk Purchasing Groups – Program Manager endorsement makes the following five changes:

- *Certificates Of Coverage:* The Insuring Agreements of the master policies are altered to reflect that coverage only applies as it is described in individual Certificates issued by the program managers activating individual members’ coverage in the RPG.
- *Risk Purchasing Group Members:* The individual insureds cited in such Certificates are included by reference as named insureds in the master policy.
- *Cancellation:* Number of days’ Notice of Cancellation to the RPG may be increased per Schedule entry to facilitate the RPG’s notices to Certificate holders and search for replacement coverage. This is negotiable from one RPG to the next.
- *Separation Of Insureds:* The limits of the master policy are divisible among the individual Certificates. Exhaustion of limits under one Certificate will not impair the limits of any other Certificate holder.
- *Coverage Term:* Normally, master policies will be issued for a period of two years to permit individual Certificates to be issued at any time during the first policy year and

expire into the second year of the master policy. This provision assures that coverage for individual Certificates runs for the period of time specified in the individual Certificate and will not apply beyond one full year.

Additionally, the Commercial General Liability and Commercial Umbrella versions of these endorsements modify the *Subsidiary Or Newly Acquired Or Formed Organizations* provision to extend that feature to individual Certificate holders.

As the terminology and features of each type of policy vary, it is necessary to craft separate versions of these two endorsements for each product. Therefore, this filing consists of the following iterations of the same theme:

- Commercial General Liability (for attachment to Customarq General Liability form 80-02-2000)
 - Risk Purchasing Groups – Program Manager 10-02-1866 (Ed. 11-07)
 - Acknowledgement Of Bordereau 10-02-1867 (Ed. 11-07)
- Commercial Umbrella (for attachment to Chubb Commercial Excess And Umbrella Insurance form 07-02-0815)
 - Risk Purchasing Groups – Program Manager 10-02-1868 (Ed. 11-07)
 - Acknowledgement Of Bordereau 10-02-1869 (Ed. 11-07)
- Commercial Excess Liability (for attachment to Chubb Commercial Excess Follow-Form Insurance form 07-02-0909)
 - Risk Purchasing Groups – Program Manager 10-02-1870 (Ed. 11-07)
 - Acknowledgement Of Bordereau 10-02-1871 (Ed. 11-07)

See below for one additional Excess Liability endorsement for a new Risk Purchasing Group.

These endorsements will attach automatically to all RPG master policies administered by Chubb program managers, in the manner described above. However, the previously filed endorsements for the Community Associations program are not superseded by this filing, as that program has a number of unique coverage features that will continue to apply. Neither will this filing apply to that more-specific program.

Supplemental Endorsement – Auto Dealers RPG

We are also including in this filing another new Excess Liability endorsement:

- Exclusion – Special Auto Dealer Risks 10-02-2001 (Ed. 5-08)

This endorsement is to be attached to the Excess Liability policy written for an automobile dealers' risk purchasing group. The endorsement is intended to enforce the eligibility requirements for the RPG.



15 Mountain View Road
Warren, New Jersey 07059
908-903-4683

May 28, 2008

To: State Insurance Department
Re: Filings Designated Below

Dear Sir:

This letter will certify that Insurance Regulatory Consultants, LLC (IRC) has been given full authorization to submit the captioned filings on behalf of Federal Insurance Company. This authorization extends to all correspondence regarding the filings.

Please do not hesitate to contact me if you have any questions concerning this matter.

Sincerely,

John Casella
Senior Vice President
Federal Insurance Company

Filing Identification:

08-GL-4-F
08-GL-5-F
08-GL-6-F